

Intervening Employment Questionnaire – Claimant

Claimant Information:

Last Name: First Name: MI: ID or SSN:

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

The department has received information that you had intervening employment since the Labor Dispute. The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire along with a copy of 2 pay stubs from your intervening employment to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information.

If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Labor Dispute Information

Please provide information about the Labor Dispute Employer.

Employer Name:
Address 1: Address 2: (Apt., Floor, Suite, etc.)
City: State: Zip Code: +
What is your occupation? In what department did you work?
What was your last day worked? / /
Do you plan to return once the labor dispute is over? Yes No
Did you submit a letter of resignation to the employer? Yes No If Yes, when? / /
To Whom? Was it orally or written? Orally Written
Did you surrender your employment identification? Yes No
Have you maintained an active union membership during the stoppage of work caused by the labor dispute? Yes No
Did you perform picket duty during the stoppage? Yes No If Yes, when?
If the dispute has ended, did you return back to work? Yes No If Yes, when? / /

Section B: Intervening Employment Information

Please provide information about the Intervening Employer.

Employer Name:
Address 1: Address 2: (Apt., Floor, Suite, etc.)
City: State: Zip Code: +
Telephone Number: () - Fax Number: () -
What dates were you employed? From: / / To: / /
What is your occupation?
What is your rate of pay? \$ What is your gross weekly rate of pay? \$
Were you hired temporarily or permanently? Temporarily Permanently If temporarily, for how long?
Did you work full or part time? Full Time Part Time
If Full Time, to be considered full-time what is the normal number of hours worked for your industry? Hours
If Part Time, what were your working hours and/or days?
Did you join the union at this employer? Yes No
What is the reason for loss of employment?

You will not be subject to the Unemployment Insurance Act's labor dispute disqualification if you lose another job that you took in good faith. You take a job in good faith when you take it as part of a genuine effort to remain in the active workforce and be regularly employed. You do not take it in good faith when you take it just to avoid the labor dispute disqualification. Please use the space below to tell us about your job with the intervening employer, including why you took it.

Section C: Signature

The information provided is correct to the best of my knowledge and belief.

Signature: Date:
Name: (printed or typed) Telephone Number: